



<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing    OR <input type="checkbox"/> Declaration Submitted After Initial Filing	Attorney Docket Number	P-162-US1
	First Named Inventor	Mathai MAMMEN
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	March 31, 2004
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DIARYLMETHYL AND RELATED COMPOUNDS**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto.
60/459,291	04/01/2003	

<b>DECLARATION</b>				<b>Page 2</b>	
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
US Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
<p><input type="checkbox"/> Additional US or PCT international application numbers are listed on a supplemental priority sheet attached hereto.</p>					
<p>I hereby appoint the following attorney(s) and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention: the practitioners associated with customer number 27,038, including those listed below; and said Jeffrey A. Hagenah to have in addition the power to revoke the power granted to all others listed below and the power to grant associate powers of attorney.</p>					
Name		Registration Number	Name		Registration Number
David E. Boone Joyce Cohen		27,857 44,622	Jeffrey A. Hagenah Roberta P. Saxon		35,175 43,087
<p><input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.</p>					
<p>Please direct all correspondence to:</p> <p style="text-align: center;"><b>Jeffrey A. Hagenah</b>  <b>Theravance, Inc.</b>  <b>901 Gateway Boulevard</b>  <b>South San Francisco, CA 94080</b></p>					
Telephone <b>650/808-6000</b>			Fax <b>650/808-6078</b>		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Mathai	Middle Initial		Family Name	Mammen
				Suffix, e.g., Jr.	
Inventor's Signature				Date	
Residence: City	Redwood Shores	State	CA	Country	U.S.A.
Citizenship		Canada			
Mailing Address		5 Barcelona Circle			
City	Redwood Shores	State	CA	Zip	94065
Country		U.S.A.			
<p><input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto</p>					

										ADDITIONAL INVENTOR(S) Supplemental Sheet			
<b>Name of Second Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Adam			Middle Names		Family Name	Hughes			Suffix, e.g., Jr.			
Inventor's Signature								Date					
Residence: City		San Francisco		State	CA	Country	USA		Citizenship	GB			
Mailing Address		1910 Greenwich Street #3											
City	San Francisco			State	CA	Zip	94123		Country	USA			
<b>Name of Third Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Names		Family Name				Suffix, e.g., Jr.			
Inventor's Signature								Date					
Residence: City				State	CA	Country			Citizenship				
Mailing Address													
City				State	CA	Zip			Country				
<b>Name of Additional Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix, e.g., Jr.			
Inventor's Signature								Date					
Residence: City				State		Country			Citizenship				
Mailing Address													
City				State		Zip			Country				
<b>Name of Additional Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix, e.g., Jr.			
Inventor's Signature								Date					
Residence: City				State		Country			Citizenship				
Mailing Address													
City				State		Zip			Country				
<b>Name of Additional Joint Inventor, if any:</b>						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix, e.g., Jr.			
Inventor's Signature								Date					
Residence: City				State		Country			Citizenship				
Mailing Address													
City				State		Zip			Country				